World Health Organization

Emergency and Critical Care System Assessment (ECSA)

System assessment, priority setting and roadmap development

BACKGROUND

Emergency and critical care address a wide range of medical, surgical, and obstetric conditions, including injury, complications of pregnancy, exacerbations of non-communicable diseases (e.g., heart attacks, strokes), and acute infections (e.g., sepsis, malaria). The emergency care system is the first point of contact with the health system for many, particularly in areas where there are barriers to care. With sound planning and organization, over half of the deaths in low- and middle-income countries could be addressed with emergency and critical care.

PURPOSE AND SCOPE

The ECSA is a strategic planning tool designed to help policymakers and planners assess national or regional emergency and critical care systems, identify gaps, and set priorities for system development in the following domains:

1. System organization, governance, financing
2. Data and quality improvement
3. Scene care, transport, transfer, referral
4. Facility-based care
5. Emergency preparedness

The ECSA leads to identification of gaps in emergency and critical care with associated priority actions that may be used for strategic planning. In addition, WHO can support a follow-up process to develop an implementation roadmap for the highest-priority actions.

The goals of the ECSA process are to:

1) Interpret and obtain consensus on current national system status and gaps
2) Establish agreed highest priority actions in response to the identified gaps and goals
3) Develop a roadmap for implementation of priority actions

PROCESS FOR CONDUCTING WHO ECSA

Due to the national scope and important in planning and priority setting, the ECSA is generally conducted at the request of the Ministry of Health (MoH) with WHO support.

The process starts with a web-based survey distributed to key stakeholders to clarify the current status of and gaps in emergency and critical care delivery. Then, a consensus meeting is convened to clarify any discrepancies and establish action priorities. The meeting is often followed by the development of roadmap to deliver the priority actions.

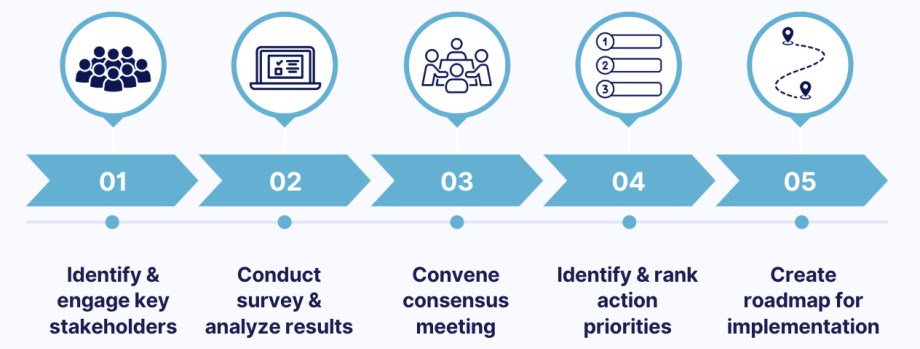

Figure 1. WHO ECSA Process

The main steps for conducting an ECSA are summarized as follows:

1) Form a steering group. Confirm the core team coordinating the ECSA.
2) Nominate participants. Ensure geographic and socioeconomic representation (rural/urban). Include:
    - Government & policy: MoH, system organizers, specialists (policy, financing, disaster management)
    - Prehospital & facility leaders: Ambulance system management and providers, hospital administrators, unit heads (emergency unit, surgery, medicine, critical care, obstetrics)
    - Clinical workforce: Physicians, nurses, rehabilitation staff, clinical officers, allied health professionals
    - Research & academia: Epidemiologists, emergency, critical and operative care researchers, universities
    - Partners & NGOs: International/local NGOs, development and technical partners
3) Issue invitations and distribute survey. MoH/WHO country office (WCO) invites participation and WHO HQ sends individual survey links to confirmed participants.
    - Low-connectivity option: A local champion, such as university or MoH partner, may interview respondents, record on paper, and enter results online.
4) Plan the consensus meeting. Set date and format early; consider funding and logistics. Determine whether implementation roadmap will follow the ECSA meeting or more time is required.
5) Confirm meeting attendees. Send meeting invites to survey responders; Note that only those who complete the survey should attend the consensus meeting.
6) Synthesize initial findings. WHO aggregates survey data into a slide deck and flags areas for discussion.
7) Convene the consensus meeting. Validate findings, prioritize actions and agree on next steps.
8) Draft, circulate and finalize the meeting report. Ensure MoH, WCO and key stakeholders have approved the report.

The ECSA is purposed designed to be used according to the steps above and should not be used as an independent assessment tool. Supporting materials, including sample budget and template documents, are available from emergencycare@who.int.

ROADMAP DEVELOPMENT

The ECSA process produces an emergency care system status report with identified priority actions for use by planners and partners. If the MoH seeks support in developing an implementation roadmap, an additional 2-day meeting is held with the stakeholders responsible for implementation of the ECSSA generated action priorities. The roadmap for implementation workshop produces a plan for key implementation steps, assigned actors, resource requirements, timelines, potential barriers, and monitoring and evaluation indicators for each priority.

The goals of the roadmap meeting are to draft an implementation roadmap to delivery on the priority actions and establish mechanisms to monitor the implementation progress of the priority actions.

RESOURCES FOR IMPLEMENTATION

WHO has a wide range of tools to support MoH implementation including Service Package Delivery and Implementation tools, the Prehospital Toolkit, the Emergency Care Toolkit, the Establishing clinical Quality Improvement Program and a range of clinical learning programs to support clinical service delivery from the community to clinics to hospitals.